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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/840,131	05/06/2004	Matthew Iammatteo	Lifeline Medical

CONFIRMATION NO. 7250

22925
 PHARMACEUTICAL PATENT ATTORNEYS, LLC
 55 MADISON AVENUE
 4TH FLOOR
 MORRISTOWN, NJ 07960-7397

FORMALITIES LETTER



OC000000013200574

Date Mailed: 07/12/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- Additional claim fees of \$36 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$36 for a Small Entity

- Total additional claim fee(s) for this application is \$36
 - \$36 for 4 total claims over 20.

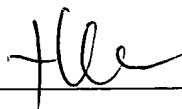
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07/30/2004 AWONDAF1 00000049 10840131

01 FC:2202

36.00 0P

*A copy of this notice **MUST** be returned with the reply.*

A handwritten signature in black ink, appearing to be 'Hle', is written over a horizontal line.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



Please type a plus sign (+) inside this box → ☐

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Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/840,131
Filing Date	6 May 2004
First Named Inventor	Mat. IAMMATTEO
Group Art Unit	1614
Examiner Name	unassigned
Attorney Docket Number	Lifeline Meidcal

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Replacement Preliminary Amendment |
|--|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

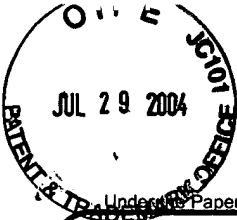
Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA
Signature	
Date	See below date

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: see below date

Typed or printed name	Mark BOHL, Reg. No. 35,325		
Signature		Date	27 July 04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 36.00

Complete if Known

Application Number	10/840,131
Filing Date	6 May 2004
First Named Inventor	Mat. IAMMATTEO
Examiner Name	
Group Art Unit	1614
Attorney Docket No.	Lifeline Meidcal

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

Deposit
Account
Name

☐ Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☒ Payment Enclosed:

☐ Check ☒ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

Fee Paid

0.00
0.00
0.00

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES

Total Claims 22 -20** = 2 x 9.00 = 36.00
Independent Claims 3 -3** = 0 x 43.00 = 0.00
Multiple Dependent 0.00 = 0.00

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 36.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	0.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130	Non-English specification	0.00
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	0.00
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00
115	110	215	55	Extension for reply within first month	0.00
116	400	216	200	Extension for reply within second month	0.00
117	920	217	460	Extension for reply within third month	0.00
118	1,440	218	720	Extension for reply within fourth month	0.00
128	1,960	228	980	Extension for reply within fifth month	0.00
119	320	219	160	Notice of Appeal	0.00
120	320	220	160	Filing a brief in support of an appeal	0.00
121	280	221	140	Request for oral hearing	0.00
138	1,510	138	1,510	Petition to institute a public use proceeding	0.00
140	110	240	55	Petition to revive - unavoidable	0.00
141	1,280	241	640	Petition to revive - unintentional	0.00
142	1,280	242	640	Utility issue fee (or reissue)	0.00
143	460	243	230	Design issue fee	0.00
144	620	244	310	Plant issue fee	0.00
122	130	122	130	Petitions to the Commissioner	0.00
123	50	123	50	Processing fee under 37 CFR 1.17(q)	0.00
126	180	126	180	Submission of Information Disclosure Stmt	0.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	0.00
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179	740	279	370	Request for Continued Examination (RCE)	0.00
169	900	169	900	Request for expedited examination of a design application	0.00
Other fee (specify)					0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

SUBMITTED BY

Name (Print/Type) Mark POHL

Registration No. 35,325
(Attorney/Agent)

Complete (if applicable)

Telephone (973) 984-0076

Signature

Date

27 July 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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